STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(land)
County a Ca.	Registration Dist. No. 24
Village or City Common (If	No. West of example in the state of street and number)
	ds. How long in U of foreign birth?
2. FULL NAME Tuby Baslen	TITHIN CER-CRAT
(a) Residence: No. 7 & Cathalal	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Tendo Col. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a/If married, widowed, or divorced / HUSBANO of	22 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cashon Backen.	aug. 16 1934 to aug. 19 1934
6. DATE OF BIRTH (month, day, and year) Capail 16 - 1002	I last saw here alive on Que 19 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 7. F. m.
3 2 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Finic abreen: Trob gente
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	able gonowhered in origin. Non-puer 193
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- parala Canga
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causes of Importance:
(State or country)	Jeneral I was a specific
13. NAME JURAM JURAM	
14. BIRTHPLACE (city or town) Co. Co.	Name of operation Labora alaning Oate of 8/1/34
(State of Country)	What test confirmed diagnosis? Classical Was there an autopsy? Mc
15. MAIOEN NAME Matha truly 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 0ate of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT March 10. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Burn Hell Date lug. 22, 1934	Nature of injury
19. UNOERTAKER O TOO CS VIEL O	24. Was disease or injury in any way related to occupation of deceased?
(Address)	-If so, specify was the way to
20. FILEO & 7.2 19.34 Among Registrar.	(Signed) J. Music opolio, M. O. (Address) Missi opolio, M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V/S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evennle I

Evennle II

Example 1	II.	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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certificate.

TION is very important.

of OCCUPAplnods

	1. PLACE OF DEA	TH			<u> </u>	0
	County_Anne	Arundel			Registration Dist. No. 22	,
	Village Dr City J€			(1	NDMaryland House of Correction feath occurred in a hospital or institution, give its NAME instead of street and nu	
	Length of residence in c	ity or town where	death occurred		Ods. How long in U.S. if of foreign birth?yrsmos.	
	2. FULL NAME	aby Boy	Baker			
	(a) Residence: No	Still	Orn (Usual place	of abode)	St., Ward. If nonresident give city or town and S	late
_	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	M. 4. COLO	White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH August (Month) 24 (Day) 34	193 (Ye
	t. If married, widowed, or diversity of (or) WIFE of Sti	llborn	ieu st 241	424	22. HEREBY CERTIFY, That I attended de Stillborn , 19 , to	ceasa
	AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date o
OCCUPATION	8. Trade, profession, or p. kind of work dona, SAWYER, BDDKKEE 9. Industry or business ir work was done, as SAW MILL, BANK,	as SPINNER, EPER, etc which SILK MILL,			Three or four months foetus	
၁၁၀	1D. Data deceased last wo this occupation (mo yaar)	rked at nth and		me (years) t in this pation		
12	2. BIRTHPLACE (city or town) (State or country)	JESSI	p. Ms.		Dthar Contributory Causes of importance: Mother C.S. a. Syphilotic-	
ER	13. NAME Willia	m Baker				
FATHER	14. BIRTHPLACE (city or to (State or country)	own)Bal	timore,	Maryland	Name of operation Date of Was there an aut	opsv?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	ily Leg	uiff ient, Fr	rance	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Where did injury occur?	, 19
17	7. INFDRMANTMrs (Address)	. Willi	am-Baker	2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18	B. BURIAL, CREMATION, OR F	HEMOVAL.	Date aug	27,1004	Manner of injury	
	AY	mara	1-01/			

STATE OF MARYLAND—CERTIFICATE OF DEATH

That I attended deceased from

----: death is said

Date of_ Was there an autopsy?.....

Date of enset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting OVS. No. 1.

Registrar.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address)

(Stata or country)

(State or country)

13, NAME

17. INFORMANT

19. UNDERTAKER

20. FILED

(Address)

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07877
1. PLACE OF DEATH	
	No. Registration Dist., No. No. How long in U.S. if of foreign birth? Market instead of street and number) ds. How long in U.S. if of foreign birth? Market instead of street and number) ds.
(a) Residence: No. Massy Jandy (Usual place of abode)	St., Ward. WITHIN CORPORATS LIMITS OF If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Qug. 10 ,193 4 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Useffrey 1911	22. I HEREBY CERTIFY. That I attended deceased from ang. 7, 1934, to ang. 6, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at

. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc TO. Date deceased last worked at this occupation (month and 11. Total time (yaars)/2 spent in this occupation 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVA Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPACE FUR	PURLIER	STATEMENTS	DI	THISICIAN

1. PLACE OF DEATH	
	1/7
County the limbel	Registration Dist. No.
Village or City Odenton	NoSt., Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds.
2. FULL NAME Minnie Oliv	er Bourg
(a) Residence: No. Alenton h	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Youth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	27. HEREBY CERTIFY, That I attanded decased from
(or) WIFE of	July 22 01934 10 x wey 2765 1934
6. DATE OF BIRTH (month, day, and year) March 24 - 3 4	last saw har alive op 12 247 - 3 4, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	a Cuti des Olitis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Olenton had (State or country)	Other Contributary Causes of importance:
	Sellary-
13. NAME 14. BIRTHPLACE (city or town) 3 metho Status	Name of operation Date of
(State or country)	Name of operation
15. MAIDEN NAME Edith Bowie	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Oden Low Mud	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	Where did injury occur?
17. INFORMANT Canal Valore (Address) Odenbu W	Specify whather injury occurred in INDIDITY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL	Manner of Injury
Place Sluly Dates Dates 192]	Naterie of injury
19. UNDERTAKER A GUILLATE STOCK (Address) 966 8 226	24. Was diseasa or injury in any way related to occupation of deceased?
20 SHED OF THE DEWES	(Signed) M. D. M.

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Cerebral hemorrhage 1921 Run over by street car 1 week ago July 5, 1927 Peritontis 3 days ago Other contributory Quees of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
W 1 1000	Other contributory causes of importance:	٤.
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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mation should be carefully supplied.

B.—WRITE PLAINLY

V. S. No. 1

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U	6	0	G	1)

1. PLACE OF DEATH County Anne Arundel Willow or City Crownsyilla Strate Hagain				ta Woonit	Registration Dist. No. 41	·		
	cengui oi residen	ce in city or town where	death occurred	yrs 2 mos	St., death occurred in a hospital or institution, give its NAME instead of street and 16 ds. How long in U.S. If of foreign birth?yrsm	number) 10sds.		
2		Sandy B		Marylan	St., Ward. If nonresident give city or town and	1 S		
		AND STATIST			MEDICAL CERTIFICATE OF DEATH	1 Diale		
	sex ale	color or race black	OR DIVORCE	RIED, WIDOWED, D (write the word) Pated	21. DATE OF DEATH AUGUST 24th (Month) (Day)	, 193 4		
	If married, widowed, HUSBAND of (or) WIFE of		000 6		22. I HEREBY CERTIFY, That I attended June 8th 19.34, to August 84	deceased from		
8	DATE OF BIRTH (mor AGE Years 52?	Months	B82 ? Days nown	If LESS than I day,hrs.	to have occurred on the date stated above, at 2 h m. The PRINCIPAL CAUSE OF DEATH and related causes of importence	; death Is said		
OCCUPATION	Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				were as follows:			
	year)	town) Virg	00st	Ime (years) nt in this upetion	Other Contributory Causes of importance: Arteriosclerosis	2		
FATHER	13. NAME	Unknown	nkn own		Name of operation Date of	-		
	(State or cou				What test confirmed diagnosis? Was there an a			
MOTHER	16. BIRTHPLACE (cit (State or cou	y or town)	l Record		23. If death was due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Date of injury occur? Specify city or town, county and Stat Specify whether injury occurred In INDUSTRY, in WOME, or in PUBLIC PL	;:		
18.	BURIAL, CREMATION		levaly 8	127 134 S. Al	Menner of injury			
	UNDERTAKER (Address)	10-14. P. 10 14-71-14 1-19	arbusy D)	PRegistrar	24. Was disoase or injury in any wey related to occupe in of deceased. If so specify Signed (Address) Grownsville, Maryla	M. D.		

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Example L	i i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Xuly5,1927	Peritonitis	3 days ago
Other contributory causes of importance.	4-1-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		6	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

V. S. No. 1

STATE OF MADVI AND	07881
1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Q Q	3
Village or City annaforles	Registration Dist. No. 21
	NOT 7 7- //AA //AAA A//
Length of residence in city or town whera death occurred yrs.	Of death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	WITHIN COCORATE
///	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	If nonresident give of
S. COLOR OR RACE 5. SINGLE MARRIED WILLDOWN	- CAL CERTIFICATE OF DELL
Troken (write the word)	DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBANO of	(Month) 12 , 193 4
(or) WIFE of	22. I HED FOX
6. DATE OF BIRTH (month, day, and year) Que 12 - 153 4	Delineral Baby CERTIFY That I attended deceased from
7. AGE Years Months	I last saw h alive on 19 19
Oays If LESS than I day,hrs.	to have occurred on the date stated above at 10 57
) C T	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oate of onset
A Lirada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9; Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at	77.16 Drive
SAW MILL, BANK, etc	Suc
this occupation (month and year)	
Occupation	
12. BIRTHPLACE (city or town) association (State or country)	Other Contributory Causes of Importance:
I House a Busal	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation.
15. MAIOEN NAME	
	What test confirmed diagnosis? Was there an autopsy?
(State or country)	THE GOLD OF THE COURSES (VIOLENCE) EN .
17. INFORMANT Policy of B.	Accident, suicide, or homicide? Oate of Injury, 19
(Address) (A CO D	Specify whether injury occurred in INOUSTRY in HOME
18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Colder Blaff Oate and 18 34	Manner of injury
19. UNDERTAKER B T Hopking	Nature of injury
(Address) and application of the state of th	4. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 8 / 3	If so, specify
- flimph	(Signed) Curry Bay
If more blanks are needed, address Services	(Address) liturbiles M. O.
If more blanks are needed, address State Registrar, 241.	I N. Charles Street, Baltimore, Requesting 71 S. N.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 N. B.— TION is very important.

See instructions on back of certificate.

Exact statement of OCCLPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County aune anna	930
Village or City Mar Edgerroler Mis	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Richard Edward &	Balrer
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the yord) 5. If married widowed or diversed.	21. DATE OF DEATH Ang, 27, 1934. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Rachel M Calvert	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cyril 1 1882	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation (month and spent in this occupation).	acute Myocarditio Date of onset
10. Date deceased last worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Anne Orumbel (State or country)	Other Contributory Causes of Importance:
13. NAME Edward Calvar	
13. NAME Larad Calrad 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME EMMA Meal 16. BIRTHPLACE (city or town) Pennaylvania (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT LAME CLASSICO (Address) Edgewater Miles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL And And Plece October William Date Ang 30, 1974	Manner of injury
19. UNDERTAKER AUTOMOTION (Address) Automotion	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED & 3V., 19.54 AM My Gristrar.	(Signed) Nous & Delgat fr. M. O. (Address) Galesville Mo.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Realismothering Coroner.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	FILLE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May Element

0	7	8	8	3	

OTATE OF MARKETAND	CERTIFICATION DEATH	The same
1. PLACE OF DEATH	(3)	000
county anne arundel	Registration Dist. No. 2	
Village or City amapolis md	No. 460 West St.,	Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and num	
10.00	0 0 0	05.
2. FULL NAME Julia Comfort Istal	ll Collenson	
(a) Residence: No. 7 6 6 (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Windowed.	21. DATE OF DEATH Thug 6 (Month) 7 (Day)	93. (Yaar)
5a. If married, widowed, or divorced HUSBAND of		(1001)
(or) WIFE of Benjamin Collinson	22. I HEREBY CERTIFY. That I attended decided	
Oct. 13, 1854	1 last saw h = alive on / Tug 6 19 3 %; d	, 19.3. ½
7. AGE 7 9 Years Months Days If LESS than	to have occurred on the date stated above, at 1850 P	eath is said
23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	ate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cr. Myo carbites	10 mos
9. Midustry or business in which work was done, as SILK MILL,	4,	or mon
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Urarmia	3 Quen
O this occupation (month and spent in this year) occupation		<i>V</i>
and Come and Come	Other Contributory Causes of importance:	0 910
12. BIRTHPLACE (city or town) What What State or country)	R (1. Julyah pa) Whoch	N Hun
13. NAME alisolom anderson Hale		7
13. NAME Question (induser) Hale 14. BIRTHPLACE (city or town) Milleraulla (State or country)	Nama of operation Date of	
(diate of county)	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Julia maria Beard	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Julia maria Beard 16. BIRTHPLACE (cfty or town) Rutdand a. a. Co.	Accident, suicida, or homicide? Date of injury	., 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Jermie C. Collenson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place of the Date the D , 1939	Nature of injury	
19. UNDERTAKER 12 Fc Fruits	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 369 WELL TO	If so, specify	
20, FILED & 7 1934 Muses 5	(Signed) (Signed)	M. D.
Registrar.	(Address) of the apole my	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	~		

(State or country)

16. BIRTHPLACE (city or town) (Stata or country)

.18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

20. FILED

MOTHER

TION is very important.

æ.

Registration Dist. No. 21	
No. 5- Segment Hospielal St., Ward	
ath occurred in a propinal or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
ds. How long in U.S. if of foreign birth?yrsmosds.	
St., Ward. If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	
L. DATE OF DEATH	
(Month) (Day) (Year)	
(month) y (buy) (roat)	
1 HEREBY CERTIFY. That I attended deceased from 1 HEREBY CERTIFY. That I attended deceased from 1 1 June 19 19 19 19 19 19 19 19 19 19 19 19 19	
1 C 30 Ca	
to have occurred on the date stated above, at	
were as follows:	
they working	
Company Clark	
Lastre Weer 4/3	
Other Contributery Causes of importance:	
Other Contributory Causes of Importance.	
True al fertaute things.	
A Charles	
Name of operation	
What test confirmed diagnosis? Was there an autopsy?	
23. If daath was due to external causes (VIOLENCE) fill In also tha following:	
Accident, suicide, or homicide? Date of injury, 19	
Where did injury occur?	
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) Mull une M. D.	
(Address) Classe of gland	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH	TEST DEATH 07836
County A	Registration Dist. No. 21
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward St., Ward St., Ward St., St., Ward St., St., Ward St., St., Ward St., St., St., St., St., St., St., St.,
2. FULL NAME Behh ad Car	i
(a) Residence: No. A material social	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) So Married with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 21 10 10	, 19, 19, 19,
6. DATE OF BIRTH (month, day, end year) man, 3/19/9	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1 × 3 m.
min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	meidinly Dronnes
work was done, as SILK MILL, SAW MILL, BANK, etc.	fif A things
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) Occupation	Laure owner of me Back
12. BIRTHPLACE (city or town)	Other Centributery Causes of importance:
(State or country) Amapolisnica	
13. NAME James Davis	
13. NAME LOGICE 14. BIRTHPLACE (city or town) Heart Vives	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - Rungson	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) A alwood	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Social Stylly (Address) Amapalismech	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Amagorisme of Date Aug . 7, 19) Y	Nature of injury
19. UNDERTAKER 4-BI Johnson	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 9 , 193 Resistrar.	(Signed) from M. D. (Address) Amylother M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0785
1. PLACE OF DEATH	
County anne Mundel	Registration Dist. No. 23/
Village or City Standard med	No. Well Sousmer Isld Warre
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
W (Yan) D	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME SULLAND JOSSEY	same us soland Johnson
(a) Residence: Not Way Color (Usual place of abode)	Ward/ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A 1/
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) USril 26 1934	I last saw h alive of 193, 19/ ; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Malsaulsulson Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this corpusation (month and this scenarior this	Child was under feda It & mother was
work was done, as SILK MILL, SAW MILL, BANK, etc.	only sixteen years old, and unmovied.
11. Total time (years) this occupation (month and spent in this	no further infor- A fint of Those
yaar) occupation	Other Contributory Causes of Amportance:
12. BIRTHPLACE (city or town) UMM Urundles	Other Controller Charles of Ambordance
(State or country)	- CAMMIUAA
14. BIRTHPLACE (city or town) Clanne a winder Co.	1 - 7/ / / / / / / / / / / / / / / / / /
14. BIRTHPLACE (city or town) Comme Counties Co.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? No.
15. MAIDEN NAME Sadara Darsey	23. If death was due to axternal causes (VIOLENCE) fill In also tha following:
[5] 16. BIRTHPLACE (city or townshimmed Co., (State or country)	Accident, suicide, or homicide? Date of injury, 19
la de la	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AUGUST Seven Bobio	none
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury None
Plate Will Me Sun Mu Ball rolly, 2), 19.3	Nature of injury 2021
19. UNDERTAKER Thos Howard	24. Was disease or injury In any way related to occupation of deceased?
(Address) Glen Burns Ma.	If so, specify
20. FILED 8/27, 1934 MRSe alla	(Signed)
Neg Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	----------	----------	------------	----	-----------

1. PLACE OF DEATH	71.0		(33)	2
County A. A.		~~~~~	Registration Dist. No. 2	3
Village or City Glen B		Life (1	No. St., If death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs	
2. FULL NAME Austin (a) Residence: No. Seco:	B. Dunn nd Ave.		St., Ward. If nonresident give eily or town an	d State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC Male White	OR DIVE	MARRIED, WIDOWED. DRCED (write the word) OWOT	21. DATE OF DEATH, (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Magg	ie V Dun	n(nee Walt	1	Kdeceased from
6. DATE OF BIRTH (month, day, end year)	Sept. 8.	1870.	I last saw have alive on August 31,193	
7. AGE Years Mont	_	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above at	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc	R.Painter	•	Chimic Endocardatio	2-3
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and			asland Sclamais	year
10. Date deceased last worked et this occupation (month and year)		otal time (years) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)(State or country)	Marylan	nd.	Carebal hammhar	1 day
13. NAME Benjamin F	. Dunn			
13. NAME Benjamin F 14. BIRTHPLACE (city or town) (State or country) Mar	yland		Name of operation Date of What test confirmed diegnosis? Usuntant Graw Was there an	au opsy?
15. MAIDEN NAME Emm	a S. Wri	ght	23. if death wes due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Emmi	nown		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Austin J. (Address Glen Burni	F. Dunn e Md		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pi	LACE.
18. BURIAL, CREMATION, OR REMOVAL PlackOudon Park	Note Se	nt. 3, 19. 3	Manner of injury	
19. UNDERTAKER TOTAL	dison Ave	tope	24. Was disease or injury in any way related to occupation of deceased?	160
20. FILED 9/1 //1934	-m.R.	Dealba Registrar.	(Signed) When fleur Burnet	7n.0

CTATE OF MADYLAND CEDTIEICATE OF DEATH

10 161110

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyő,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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	Example I	İ	Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Aco E III	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RESPERANT V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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item of infor-

1	1. PLACE (F MAR	YLAND-	-CERTIFICATE OF DEATH 07	891
	County		An	ne Arund	el	Registration Dist. No. 27	
	Village or	CityR'C	rt Geor	ge G.Mea	de (1	Np. Station Hospital St., If death occurred in a horpital or institution, give its NAME instead of street and nu s. How long In U.S. if of foreign birth? yrs. mos	enhav1
				fant of] ge G.Mea (Usualplace	Frederick] de,Md. of abode)	Florio St., Ward. If nonresident give city or town and S	tate
	PERSOI	VAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male Male	4. COLOR (OR RACE Thite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	193 <u>4</u> (Year)
_	. If married, wido HUSBAND of (or) WIFE of DATE OF BIRTH		-	ust 25,	1934.	on August 25 ,1934 , 2000 Class and I last saw h im aliva on August 25 ,1934 ;	000000
7.	AGE Ya	ars	Months	Days —	If LESS than 1 day hrs. or 30 min.	to have occurred on the dete stated above, at 6:55P m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance water as follows:	
OCCUPATION	kind of SAWYER		SPINNER, R, atc	Infant		Premature birth,7 months.	Date of onset
UPA	work wa	business in wi is dona, as SILI II RANK atc	MILL,				
220	10. Date dacas:		l at and	11. Total ti	ma (years) It in this pation		
12.	. BIRTHPLACE (c		ort Geo	rge G.Mes	ade Md	Other Coatributory Canses of Importanca:	
ER	13. NAME	Frederi	ck Flor	io			
FATHER	14. BIRTHPLAC (State o	E (city or town) r country)	New H	aven Conn		Name of operation Date of What test confirmed diagnosis? Clinical Was there an eut	No
ER	15. MAIDEN NA	ME ROS	e Burck	er		23. If death was due to axternal causes (VIOL ENCE) fill in also the following:	opsy?INO
MOTHER	16. BIRTHPLAC	E (city or town) r country)	Lura	ay Va		Accidant, suicide, or homicide? Dete of Injury Where did injury occur?	
	INCORNANT F	rederic	k Flori	0		(Specify city or town, county and State)	

Fort Nature of injury

.FREEMAN, Col., M.C

G.Meade, Md.

18. BURIAL, CREMATION, PR. REMOVAK Post

19. UNDERTAKER

(Addrass)

20. FILED Aug. 25

Case reported to

Placa George G Meade Md.

None

Cemetery, Date Aug. 29

Registrar.

.BRADFORD, Major, Medical Corps

(Addrass) Fort George G. Meade, Md. the But blanks are needed, enders State Register, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	7.1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy ·	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGALL Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	* ' '
Gallstones	May 1,1923	Gastroenteritis	1 year
	0.		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17899
1. PLACE OF DEATH	
County Cu. 60. 400.	Registration Dist. No. 20
Village or City Dhomeston Racup	Taxoling St., Ward
Length of residence in city or town whera death occurredyrsmos	death occurred in a hopoital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Friderick For	staire
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male One Or DIVORCED (write the word)	21. DATE OF DEATH (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Busic Hountain	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) when 1872	I last saw here alive on July 3, 1934 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
620 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Chrocle my resolled Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. JINDUSTRY OF business in which work was done, as SILK MILL, SAW MILL BANK off	Chronice Misher his
SINDUSTRY or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
CAR MILE, DAIM, CIC.	
10. Date deceased last worked at this occupation (month and last) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Q.Q.Q.	Other Centributary Causes of importanca:
1 11+ 11 +	
13. NAME 12000 Tomilano	
13. NAME NOW Foundair 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIDEN NAME Elizabeth felter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? LLD Date of injury 19
Stata or country) South to O.	Withere did injury occur?
17. INFORMANT BISSIL Fromtgin (Address) American	(Specify or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Lehrerentine Date Cruz 12, 1934	Nature of injury
19. UNDERTAKER - D-a, Stangett	24. Was disease or injury in any way related to occupation of deceased?
(Address) Gallerille Andres	If so, specify
20 EUED (MUG 1/1034 W.M. 19 Contac	(Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

to brush

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SER 6 J931	111		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

STATE OF MARYLAND-CERTIFICATE OF DEATH

fa	1-1	0	64	7
U	6	0	V	(3

	No. Ferducand aux St.	
	No. Herdui and aur st.	
I anoth of antidomes in the state of the state of	If death occurred in a hospital or institution, give its NAME instead of street and	Ward d number)
Length of residence in city or town where death occurredyrsm	sds. How long in U.S. If of foreign birth?yrs	.mosds.
2. FULL NAME Coma Strederic		
(a) Residence: No. Memdale Md. (Usual place of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) What to	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Sepren K. Trederion	22. HEREBY ERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) 1882	I last saw h. £1 alive on line 1,1934	; deeth is seid
7. AGE Years Months Days If LESS than I day hrs	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
52 51/19 ormin.	were as follows:	Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Jourse Wild of work done, as SPINNER, Jourse Wild of work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Endocardito.	Secral
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	arta in Schrois.	monte
10. Date deceased last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) Clustrus	Other Coutributory Causes of importance:	
(State or country) Hungary	Cerebral Embolisin	Clay
13. NAME / Artaio Nickolity 14. BIRTHPLACE (city or town) - Austria (State or country) - Austria	Name of operation Date of What test confirmed diagnosis? Was there en	2
15. MAIDEN NAME Magtakna Petrio	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Magtakua Petrio 16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide? Date of injury	, 19
E (State or country) Hugusarus	Where did injury occur?	
17. INFORMANT SILVAGE & STEEL WICK FURNISHED	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hally (NANO Date Aug 2/ 1934)	Manner of injury	
19. UNDERTAKER Homas W. Diregleton (Address) Leuthisum Neighte me	24. Was disease or injury In any way related to occupation of deceased?	16
20. FILED aug 201934 Coldwell Woods up	(Signed) And fillingant (Andress) Plan Burne	2 M.D.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

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Example I		Example II	4
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
af .	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back

FION is very important

CAUSE OF DEATH in

FATHER

MOTHER

so that

plain terms,

B,

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 078	94
1. PLACE OF DEATH County Anne Arundel			
/	e State Hospit	Registration Dist. No. St., death occurred in a hospital or institution, give its NAME instead of street and number 23 ds. How long In U.S. if of foreign birth?	_Ward
2. FULL NAME Lloy	d Gray		
(a) Residence: No. Bel	timore City (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE 5. black	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH August 2nd (Oay) (Y	4 (ear)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decaes	ed from
6. DATE OF BIRTH (month, day, and year) 19:	L6	May 9th , 19.34, to August 2nd , 19 last saw h im alive on August 2nd , 19.34 death	
7. AGE Years Months 18 Unknown	Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4:504 mM • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
H 114	Inkno wn	Cerebral spinal syphilis ?	ofonset
9: Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.			
10. Date dacaasad last worked at	11, Total tima (yaars)		

occupation ___

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

1S. MAIOEN NAME Unknown

17. INFORMANT Hospital Records
(Addrass) Grownsyille Marylan

18. BURIAL, REMATION, OF REMOVAL CO. Date lug 67, 13

20, FILEO 2: 19 E Registrel

Manner of injury

Nature of injury

Othar Contributory Causes of Importance:

What test confirmed diagnosis?____

Accident, suicida, or homicida?----

Name of operation.

Epileptiform seizures

24. Was disease or injuly In any way related to occupation of dachased?

If so, specify

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whathar injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

(Address) Grownsville, Menyl

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			140-

V. S. No. 1

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of

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	1 200	1	6 %		-
	9 /	N	3.5	0	3
U	17		W	0	J

:	I. PLACE OF DEATH				
	County Anne Arun	ndel		Registration Dist. No.	21
	Village or City Annapol	lis		No. Emergency Hospital St.	
				death occurred in a hospital or institution, give its NAME instead of street at	nd number)
1				ds. How long in U.S. if of foreign birth?yrs	_mosds.
1	2. FULL NAME BERTHA	LOUISE	HANEKE	WITHIN CORPORATE LIMITS O	8
	(a) Residence: No. Arnolds	(Usual place	Co., Md.	e St., Ward. If nonresident give city or town	and State
Management	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE MATTI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 26	, 193_4
5a.	If married, widowad, or divorcad	I morrir	C.C.	(Month) (Day)	(Yaar)
	HUSBAND of (or) WIFE of Max Hancke			22. I HEREBY CERTIFY, That I attend aug. 15, 1934, to aug. 2	
6.	DATE OF BIRTH (month, day, and year)	alv 27.	1867	I last saw her alive on aug. 26 7, 193	
7.	AGE Years Months	Days	If LESS than	to have occurred on the data stated abova, at 4 P. m.	
	67	30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			acute Diverticulities	Date of one et
10	SAWYER, BDDKKEEPER, etc.	lousewif	е	sismaid	8/15/34
JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			7	7 /
OCCUPATION	10. Date dacaasad last worked at	1 11 Total t	ime (years)		
Ō	this occupation (month and year)	spa	nt in this		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dthar Contributory Causes of importance;	
12	(State or country) Gern	SANT		Leneral personles	٠
œ	13. NAME Carl Tienner	ICHII Y			
FATHER				86.1	Antology
FA	14. BIRTHPLACE (city or town)	rmany		Nama of oparation 12 Paration Date of	1 1/37
œ				What tast confirmed diagnosis? Was there a	an autopsy?
MOTHER		nown		23. If death was due to external causes (VIOL ENCE) fill in also the follow	
MO	16. BIRTHPLACE (city or town)	uknown		Accidant, suicida, or homicide? Date of Injury	, 19
				Where did injury occur? (Specify city or town, county and 5	State)
17.	(Address) Arnolds.	ce, L. A. Co	. Md.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18.	BURIAL, CREMATION, GR REMOVAL		90 7	Mannar of injury	
	Place Annapolis, Md.	Date AU.	· 28, ₁₉ 34	Natura of injury	
19	UNDERTAKER John M. Tay	ylor.		24. Was disaase or injury in any way ralated to occupation of daceasad?	no
10.	(Address) annanolis	Md		If so, spacify	
20.	FILED 8 28 19 34	Aller	II.	(Signad) 9. Willia Martine	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAG			
Other contributory causes of importance:		Other contributory causes of importance:	1100
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 07896

1. PLACE OF DEATH		(106E)		
County anne (cruedel	Г	Registration Dist. No.	0
Village or City Collection Length of residence in city or town whara delignments of the collection of		No. death occurred in a horpital or institution, and the state of the		
2. FULL NAME aunil	Kebeca Har	desty		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH	
Jeurse Mite	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)		ugust 10 onth) (Day)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BURTH (month, dey, and year)	Hardesty unkn 1847	liast saw New alive on De		
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated about the PRINCIPAL CAUSE OF DEATH an were as follows:		Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spent in this occupation	Inanition Other Coutributory Causes of Importance		
12. BIRTHPLACE (city or town) (State or country)	S. bous.	Chronic	· houdutis	
13. NAME 14. BIR (HPLACE (city or town) (State or country)	regland.	Nama of operation		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) 17. INFORMANI	regland.	23. If death was due to external causes (Accident, suicide, or homicide? Where did injury occur?() Specify whether injury occurred in INC	Specify city or town, county and Sta	, 19 te)
18. BURIAL, CREMATION OR REMOVAL Place LIM HOLL Mong	thear. ma. Date aug 11th 1934	Manner of Injury		
19. UNDERTAKER CASTLY (Address)	fulclius me.	24. Was disease or injury in any wey re if se, specify (Signed) Fruly t	elated to occupation of deceased?	200 -
20. FILED aug 10, 1934	Dip briang Registrar. blanks are needed, address State Registrar.	(Address)	Lathian ,	hel

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1	WR	matio CAU
V. S. 7	N. B.	T

* STATE OF	MARYLAND—	CERTIFICATE OF DEATH
County α — α	THE HIN CORPORAT	E INITS C Parietration Dist. No.
	Lis Md	No. A. S. Wary No. A. St., Walf death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town whare daal	th occurredyrsmos	ds. How long in U.S. il of foraign birth?yrsmosd
2. FULL NAME DEATE	W Harris	
(a) Residence: Np. 78 W	ashinglon	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Mals 6. Color or RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 13 , 193 4 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	atalda Harris	22. 1 HEREBY CERTIFY, That I attended deceased from
7 ()	Feb 5, 1890	, 19, to, 19,
. DATE OF BIRTH (month, day, and year) . AGE , Years Months	Days I If LESS than	I last saw h alive on , 19 ; death is s
44 6	8 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Variable, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	lalleurs -	Jan Jan Jan Jan Date of one
SAWYER, BDDKKEEPER, etc	Essenger	often and Miles
work was dona, as SILK MILL, SAW MILL, BANK, etc	MESSENger	by Having har helich
ind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 1D. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this 25.4	Sph ilf one Height reming down
12. BIRTHPLACE (city or town) — — — — — — — — — — — — — — — — — — —	apolis	Other Contributory Causes of Importance. May Me Air
1 1 11	1000	
10.	vra	
(State or country)	mofiotis	Nama of operation Date of
	Mr Resd	What test confirmed diagnosis?
2	ali of!	23. If death was due to external causes (VIOLENCE) fill In also the following:
(Stata or country)	I md.	Accident, suicide, or homicide?
7. INFORMANT Mahlda Ha	www	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 78 W	astruglon SI	Comeroff Hall Sure Header
8. BURIAL, CREMATION, OR REMOVAL Place Brancoluce (Emil	Date aury 17 , 1984	Manner of injury Straw less had
9. UNDERTAKER & H. B. Parker	- lon Ch	24. Was disease or injury in any way ralated to occupation of deceased?
20, FILED 8/5 1934	Monspley	(Signed) Formi M A of Some bolley loom
If more blan	Registrar. nks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1. Judge Holikins

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Find

State

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11.11.11

	CERTIFICATE OF DEATH	17898
1. PLACE OF DEATH	(93:E)	
County A - A - 1	Registration Dist. No	21
Village or City and apolis 111d	NoSt.,	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street ar	nd number)
2. FULL NAME WIRE Harvey.	WITHIN CORPORATE LIMITE RE	
(a) Residence: No. 199 Clary 51 (Usual place of abode)	St., Ward. If nonresident give city or town o	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) (1/armsd	21. DATE OF DEATH	, 193
5a. If married, widowed, or divorced HUSBAND of Clipbath C. Harreffarrisd	(Month) (Day) 22. I HEREBY CERTIFY That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year) 1878	1 last saw h Am alive on Quant 7:19 193	death is said
7. AGE Years Months Days If LESS than unfinem unfinem Unfinemal Iday,hrs.	to have occurred on the date stated above latm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	, usati is said
8. Trade, profession, or particular kind of work done, as SPINNER, Barber.	were as follows:	Date of bnset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Stadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this preparation this securation that security is secured to the security this security that security this security this security this security this security that se	Merrin	Dugnot 5
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation		
12. BIRTHPLACE (city or town) Blacks Lungs W- (State or country)	Other Contributary Causes of Importance;	
	More L. M. C. C.	
14. BIRTHPLACE (city or town) Clarok byty ?	Name of operation Date of	
00,9000	What test confirmed diagnosis? Was there a	
16. BIRTHPLACE (city or town) Use known	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT 1117 Elizabeth Harry (Address) 99 Edgy 1817	Where did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	itale) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pars werfull Cany Date 8. 10, 19 34	Manner of injury	
19. UNDERTAKER & H B Parker (Address) 47 10 astung lon At	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	ho
20. FILED SLD 19 34 AMMalal	(Signed)	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1. Dr Richardson

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEL BELDEATE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

	N. B,-WRITE PLAINLY, WITH-CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ate	·Y	
	inf	st	UP	1
	Jo u	pluo	000	1
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JOF.	SA	tate	rop	rtif
MARGIN RESERVED FOR BINDING	ISI	s ec	о р	of ce
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	N	pe	EAT	imp
	LA	plu	A	ery
	E	sho	3 01	S Ve
	RIT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USI	NO
0.1	M	ma	CA	I
V. S. No. 1	B.	-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
>	Z	1.	T	

1	L PLACE OF		OF MAR	YLAND-	CERTIFICATE OF DEATH 078	30
	County Ann	e Arundel			Registration Dist. No. 170	21
	Village or City	Crownsyil ce In city or town where		Hospita 0	St., St., death occurred in a horpital or institution, give its NAME instead of street and number)	_Ward
2		Horsey, No. Crisfi			St., Ward. If nonresident give city or town and State	
	PERSONA	AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	11	COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	4
5a.	If married, widowed, HUSBAND of (or) WIFE of	or divorced Addie Ho	rsey		22. I HEREBY CERTIFY, That I attended decease. Aug. 19 19 4 to Aug. 21	-
6. 1	DATE OF BIRTH (mo	nth, day, and year) S	en. lb.	1880	Hast saw h_100 elive on AUGE 21 1974 : deeth	is sei
7. 1	AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2 2 2 2 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	9: Industry or bus work was do SAW MILL, I	ne, as SILK MILL, BANK, etc ast worked at	Labore	ima (vaara)	Cerebral Arteriosclerosis Dates Senility	
	year)	town) Somer	(OCSI	ntin this upation	Other Contributory Causes of importance:	
ER	13. NAME SEM	ay Horsey				
FATHER	14. BIRTHPLACE (ci (State or cou		Karyland		Name of operation Date of Date of Whet test confirmed diegnosis? Wes there en autopsy?	
MOTHER 17.	15. MAIDEN NAME 16. BIRTHPLACE (ci (State or con INFDRMANT (Address))	Judy by or town) mitry) Son	? Maryla	nd	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	
	BURIAL, CREMATION Place Pisf	OR REMDVAL	Date Sey	4 4 1934	Manner of injury .Nature of injury 24. Was disease or injury in thy way related to occupation of deceased?	
-	(Address)	4 ,134 A	GE Le A	Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	_M. D

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
. 3.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
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	AUG	0 20	
Other contributory causes of importance:	BURE	Other contributory causes of importance:	
Gallstones	May 1,1922	Gustra interitis	1 year
•			

WARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07900
1. PLACE OF DEATH	159)
County Cheese Children	Registration Dist. No. 0
Village or City Isaceyo I and ing	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME The Theory	of King
(a) Residence: No.	St Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	My 13 1934, to Meg 14 1934
6. DATE OF BIRTH (month, day, and year) Cung 13,1934	t last saw hose alive on Cley 13 4 death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atAm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
ormin,	were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Tremaliere
9. Industry or business in which	Glu Debility
work wes done, as SILK MILL, SAW MILL, BANK, etc	
Spent III this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Some Xus	
14. BIRTHPLACE (city or town) Calvert Cb	Name of operation
(State of Country)	Whet test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME Museum Mana	23. If death was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) C. C.	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Source of Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece M. Harmony Date My 1994	Neture of injury
19. UNDERTAKER String King. (Address) Lageda Frederica.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Qual 14, 1934) W.R. Clayton	(Signed) I B I M. D. M.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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V. S. No. 1

should state

of OCCUPA-

1. PLACE OF DEATH	-	LATTE	——————————————————————————————————————	1992
County Tun	è anno	lel Ce	Registration Dist. No. 🗸 🔾	1d
Village or City	cobsull E		NoSt.,	Ward
Length of residence in city or town	where death occurred		death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME		Each.		3
(a) Residence: No.	Parade	aa	St, Nul Ward.	
(a) Residence. No.	(Usual place of	abode)	If nonresident give city or town and	State
PERSONAL AND STA		ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RA	5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH (Month) (Day)	, 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of	4	1 .		
(or) WIFE of Mary	aret Bil	t2	22. HEREBY CERTIFY, That I attended of	19 34
6. DATE OF BIRTH (month, day, and year	1) Feb. 131	0878	I last saw h cairalive on Cara 16th, 1934	; death is said
	nths Days	If LESS than I day,hrs.	to have occurred on the data stated above, at	
56	, 14	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc	VER, Store ko	hen		
9. Industry or business in which work was done, as SILK MILI			Carcus on a of	1. /
SAW MILL, BANK, etc				Descent
10. Data deceased last worked at this occupation (month and year)	11. Total time spenti occupa	n this	river.	90.
10	1+	HIVII	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) / State or country)	and			
13. NAME Leven	at Leach			
13. NAME Sevre 14. BIRTHPLACE (city or town)	Balto		Name of operation Date of	
(State or country)	md	/	What test confirmed diagnosis? Was there an a	u'opsy200
# 15. MAIDEN NAME Ma	rtha Si	heelds	23. If death was due to external causes (VIOL ENCE) fill in also the following	
[16. BIRTHPLACE (city or town)	Balto In	d	Accident, suicide, or homicide? Date of injury	19
(Stata or country)	. 910	/	Whera did injury occur? (Specify city or town, county and State	e)
17. INFORMANT A ather (Address)	to Creek	iaus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	on cuch		Manner of injury	
Place Balto Ce	m Date 8/	26,1934		
19. UNDERTAKER Jarge (Address)	Puth In	ed ave	24. Was disease or Injury in any way related to occupation of deceased?	Ms
20. FILED 8/17., 19.3.4	- more	Alta Registrar.	(Signed) Shu fllusande	M. D.
	If more blanks are needed, add	ress State Registrar,	2411 N. Charles Street, Balimore, Reguesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BUREAU V S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1 ä

STATE OF MARVIAND	CERTIFICATE OF DEATH 07903
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
n (1	93.0
County a ca	Registration Dist. No.
Village or City and of sole	death occurred in a hopping or institution, give its NAM instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	N
2. FULL NAME margaret Mis	within CORPORATE LIMITE
f 11. 10 000	St. Ward.
(a) Residence: No. Soulf of Manykan	St., ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (quite Me word)	(Month) (Oay) (Year)
5a. If married, widowed, or difforced HUSBANO of	
(or) WIFE of James & Murphy	1 HEREBY CERTIFY, That I attended deceased from
0 12 1024	1950, to Conf. 1950
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 11 1. 1954; death is said
/20 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Oate of onset
kind of work done, as SPINNER, House wife	Tunto Murando A T
9. Industry or business in which	Merce did Southwere the
work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Phil adelphice . J. 4.	1 p
(State or country)	Willindelino Why
13. NAME albert 7, 19ler	1
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Sellastelphia PC.	What test confirmed diagnosis? Was there an autopsy? 24
15. MAIOEN NAME Roathern webster	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Philadelphice . pu.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Could be the control of the could be the co	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR KEMOVAL	Manner of injury
Place If Mary 2 Date any 22, 197	Nature of injury
19. UNDERTAKER D & Hoffing	24. Was disease or injury in any way related to occupation of deceased?
(Address) anapole month	If so, specify
20. FILED & 21 , 19 94 XAM MAN	(Signed) (Signed) M. D.
Degistrar.	(Address)

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10 .- The month and year the deceased last worked at the occupation.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis 3 days ago July 5, 1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ī
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S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. County Anne Arundel Freetown No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred ________mos.______ds. How long in U.S. if of foreign birth? ________mos.______ds. 2. FULL NAME Virginia Murray (a) Residence: No. Freetown If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 28th August female (Day) (Year) (Month) negro 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 8-2T 19.34 to 8-24 I last saw h. e.T. alive on 8=24 19.34; death is said July 7th 1934 6. DATE OF BIRTH (month, day, and year) certificate. to have occurred on the date stated above, et 4 . a . . m. Days If LESS than Months 7. AGE Years 1 day .____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 21 or min. were as follows: Date of onset Acute enteritis 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc._____ back 11. Total time (years)
spent in this 10. Date deceased last worked at See instructions on this occupation (month and occupation year) _____ Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) _____ (State or country) FATHER Alfred Murray 13. NAME 14. BIRTHPLACE (city or town) A. A. Co. (State or country) What test confirmed diagnosis?_____ Was there an au'opsy?____ MOTHER Mae (Murray Hogan 23. If death was due to external causes (VIOLENCE) fill in also the following: important. 15. MAIDEN NAME Accident, suicide, or homicide? Date of injury 19 16. BIRTHPLACE (city or town) Md . (State or country) Where did Injury occur?_____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Alfred Murray 17. INFORMANT. P.O.Sollev. (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Marlev mation TION Thomas Howard 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER If so, specify _____ Sollev. (Address) (Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

V. S. No. 1

1. PLACE OF DEATH	(137)				
County Anne Arundel	Registration Dist. No. 2I				
1116	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.				
2. FULL NAME George H. Myers (a) Residence: No. Lakshore (Usual place of abode)	St., Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH August Ioth (Month) (Day) (Year)				
5a. If married, widowed, or divorcedra Whitehead HUSBAND of La (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from ,19,10,19,19				
6. DATE OF BIRTH (month, day, and year) March 25th, 1859 7. AGE Years Months Days If LESS than I day, hrs. or learner lide, hrs. or learner lide, hrs. or learner lide, hrs. or learner lide work done, as SPINNER, charcoal burner lide work was done, as SILK MILL, SAW MILL, BANK, etc. live lide work was done, as SILK MILL, SAW MILL, BANK, etc. live lide work was done, as SILK MILL, saw MILL, BANK, etc. live lide work was done, as SILK MILL, saw	I last saw h alive on , 19 ; death is said to have occurred on the date stated ebove, et 5 a m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Acute urinary retention Bate glonast 4				
year) occupation 12. BIRTHPLACE (city or town) A. A. G (State or country) Md.	Other Contributory Causes of importance: Chronic retention due to hypertrophied prostate 3-yrs				
13. NAME Henry Myers 14. BIRTHPLACE (city or town) (State or country) Germany	Name of operation				
15. MAIOEN NAME unknown 16. BIRTHPLACE (city or town) (State or country) Germany	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?				
17. INFORMANT Chas. R. Myers (Address) 906 William st. Ralto. 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 8-12 1934	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury				
19. UNDERTAKER Margaret Flynn (Address) 20. FILED 8-10, 1924 X. G. Registrar.	24. Was disease or injury In eny way related to occupation of deceased? NO If so, specify (Signed) (Address) (Address)				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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& PLACE	STATE (OF MARYLAND	—CERTIFICATE OF DEATH	7996		
X		-1	Registration Dist. No. 22	THEFT		
	Anne Arund					
	or City Jessup,		No Maryland House of Corresti (If death occurred in a hospital or institution, give its NAME instead of street and	number)		
Length of	residence in city or town where	e death occurredyrs	mos25 _ds. How long in U.S. if of foreign birth?yrsn	nosds.		
2. FULL N	NAME Edward B	lobinson				
	dence: No. no home	sinteneed from Poly	Const., at Ward. Sugar Hill.			
PEDG	ONAL AND STATIST	(Usual place of abode)	If nonresident give city or town an	d State		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH			
Male Colored Strate OR DWORCED (write the word) 5a. Il married, widowed, or divorced HUSBAND of (or) WIFE ol			August 24	1934		
			(Month) (Day)	(Year)		
			22. I HEREBY CERTIFY, That I attended deceased from June-29 , 19 34, to Aug -24-34, 19			
7. AGE	Years Months	Deys II LESS tha	to have occurred on the date stated above, at2 • 55 _n _ M The PRINCIPAL CAUSE OF DEATH and related causes of importance			
1000	43.16	/6 · ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset		
Z I rede, p	of work done, es SPINNER,	Janney!	Complete Anuria + Uremia			
Industry	YER, BOOKKEEPER, etc or business in which		WYEMIA	8-21-3		
SAW SAW	was done, as SILK MILL, MILL, BANK, etc					
O 10. Date dec	ceased last worked at occupation (month and	11. Total time (years) spent in this				
year))	occupation	Other Contributory Causes of importance:			
12. BIRTHPLACE		estero				
(State or	country)	Par.	- Chronic Nephritis with edema	3 -?-34		
13. NAME	andre	was Philip arch	myocardial Insufficiency			
1.	ACE (city or town)	Cukhown.	Name of operation Date of			
	9	0.1	What test confirmed diagnosis? Was there an			
15. MAIDEN 16. BIRTHPL	NAME CO.	a roomison	23. II deeth was due to external causes (VIOLENCE) fill in also the Iollowin			
O 16. BIRTHPL	ACE (city or town)	Luknow.	Accident, suicide, or homicide? Date of injury	19		
	16 11 11	9/3 /	Where did injury occur? (Specify city or town, county and Sta	ite)		
17. INFORMANT . (Address)		Tess & M.	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	.ACE.		
	MATION, OR REMOVAL	Junip ms.	Manner of injury			
Plece L	herry will	Date Quy 27 , 193				
10 HNDEDTAKED	(P. & Mass	fall o	24. Was disease or injury in any wey related to occupation of deceased?	no		
19. UNDERTAKER (Address)		me :	Il so, specify	-224		
20. FILED DEA	027 134 Vn	and the Horastell	(Signed) Harry / Phelley	M. D.		
20. FILE Opposite	7-0-4-1195	Regisfrar.	(Address) John Man			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		N		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	· 1 year	

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

	1. PLACE OF DEATH	46
	County Cenny annual	Registration Dist. No.
	Village or City secon med	NoSt.,Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME James Sas	
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH lug, 2 Stx, 193 (Month) (Oay) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Messert Sass	22. 9 I HEREBY CERTIFY, Thet I attended deceased from
te.	6. DATE OF BIRTH (month, day, and year May 5 1876	I last saw h alive on Clarge 22, 193 Y; death is said
certificate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 4. The PRINCIPAL CAUSE OF DEATH and related causes of importance
of cer	Z 8 Trade, profession, or particular	Lacenson 2 Esophagus 7.93
back	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate becaused last worked at this occupation (month and specific property).	
no	10. Oate deceased last worked at this occupation (month and spent in this occupation coupation occupation	
instructions	12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
strı	W 13. NAME AND SIZE	Chique myocadine Degenante
	T	anemo geros.
See	14. BIRTYPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
nt.	# 15. MAIOEN NAME - Must - grs. San	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dyte of Injury, 19
imp	(State or country)	Where did injury occur? (Specify city or town, county and State)
very	17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
is ve	18. BURIAL, CREMATION, OR REMOVAL	, Manner of Injury
	Place of the growing oale or of 31, 19.34	Nature of Injury
LION	19. UNDERTAKER T. W. OSLageuski	24. Was disease or injury In any way related to occupation or deceased?
	(Address) 1980 A fasterns an	If so, specify
)	20. FILEBULY 29, 1924 NA Jones	(Signed) M. D
1	// Registrar.	(Mulicas)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis. 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 ucar

V. S.	V. S. No. 1	MARGIN	MARGIN RESERVED FOR BINDING	FOR B	INDING	D	3	M	
Z.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH UNFADIN	IG INK-THI	S IS A PE	RMANENT	RECORD.	Every i	tem of infor-	
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	efully supplied.	AGE should be	stated E	XACTLY	7. PHYSI	CIANS	should state	
	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain terms, so	that it may be	properly	classified.	Exact sta	tement c	f OCCUPA-	
	TION is very important. See instructions on back of certificate.	ant. See instruction	ons on back of	certificate					

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
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J	- 6	V	J	V

1. PLACE OF DEATH						<u> </u>
County Anne Arundel						Registration Dist. No. 27
				ge G.Mead	(Ji	No. Station Hospital St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
	Length of residence in city or town where deeth occurred					iosas.
						St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS					CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word) Single					D (write the word)	21. DATE OF DEATH August 4 , 193 (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of						22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) August 4, 1934					934	I last saw h alive on
7.	7. AGE Yeers Months Deys If LESS then 1 dey				If LESS then 1 dey, hrs. or Q min.	to have occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc						Still-born, full term, due to pro-
10. Oete deceased lest worked et this occupation (month and yeer) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Fort George G. Meade						Other Coutributory Causes of importance:
_	(State or count	try)		Maryla	nd	
HEF				an Smith		
FATHER	14. BIRTHPLACE (Stete or		(n) Asht	on-under- Engl	Lyne and	Name of operation Dete of Dete of What test confirmed diagnosis? Was there an eutopsy? NO
ER	15. MAIOEN NAM	ne Mab	el Paul	ine Pagel	S	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (Stete or	(city or tow country)	(n) Phila	adelphia Pa		Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Tech. Sgt. Robert G. Smith (Address) Fort George G. Meade, Nd.						Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Plece Geol	onyonare rge G.	Mova Pos Meade, M	t Cemeter	y, Fort 6 ₁₉ 34	Mannas of Injury
19	. UNOERTAKER	N	Tone	(0)		24. Was disease or injury in eny wey related to occupation of deceased?
20.	FILEO Aug. 4	19	34 C.E	FREEMAN,	Col., M.C. Registrar.	(Signed) H.C. BRADFORD, Major Medical Corps, D. (Address) Fort George G. Meade, Md.

If more blanks are needed, address State Registrate 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Case reported to

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		n	

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Chronic interstitial nephritis	1921	Run over by street or	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 07911
1. PLACE OF DEATH	95%
County Anne Annall	Registration Dist. No. 43
Village or City fintheum Jole	fluor St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Amanda Entelle Stall	1 A A
2. FULL NAME OF GENERAL PLANTING	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Semale This OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (teal)
HUSBAND of Cory WIFE of Arthur 1 & tallmens	22. I HEREBY CERTIFY. That I attended deceased from
C DATE OF BURTH (mostly day and many on my No (1846	last saw har alive on 1 Ave 19 deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 440 - m
5 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Collection	Larrais - Vasculti
9. Industry or business in which	10
work was done, as SILK MILL, SAW MILL, BANK, etc.	Lessens.
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) A my the	Sture fromany
(State or country) Arguano	Althelo
13. NAME AT II L'INChiellar	
14. BIRTHPLACE (city or town) Anne Aounds Go	Name of operation Date of
(State of Country)	What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME AMANDA DESTE	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT AS A NIX CHANGE	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) July Marie 1837	Manus of Interes
Place residents Date ling 14, 1934	Menner of injury Nature of injury
The first of	Nature of injury.
19. UNDERTAKER Alloward Winds to Manager Andrews	24. Was disease or Injury in any way related to occupation of deceased?
Man 15 2/1 1 1 de de la	If so, specify (Signed) M.D. M.D.
20. FILED AUG 7, 1937 MANUEL WOODY Registrar.	(Address) Mt Meum Bed
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis *-	1 yeor
		/	

1. PLACE OF DEATH

Registration Dist. No. 2-3	***
No. St., death occurred in a horpital or institution, give its NAME instead of street and r	Ward Ward
ds. How long in U. S. if of foreign birth?yrs,mo	
St., Ward,	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day)	, 193.4/ (Year)
22. I HEREBY CERTIFY. That I attended Aug. 1934, to aug. 19 I last saw h. an alive on aug. 19, 1934 to have occurred on the date stated abova, at 2 Q m.	deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Chronic Myocardula K	
Ordena of My Lengs	ary 17
Other Contributory Causes of importance: Goute Sur Chelse	aug 1
Name of operation Date of	
What test confirmed diagnosis? Was there an a	money? Tel
23. If death was dua to external causes (VIOLENCE) fill In also the following	
Accidant, suicide, or homicide? Date of injury	
Where did injury occur?	
(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HUME, or In PUBLIC PL/	e) ACE.
Manner of injury	
Nature of injury	
24. Was diseasa or injury In any way related to occupation of decaased?	Mu.
If sa, specify	
(Signed) facerus U. Seller Burner	M. D.
(Acquess)	CLIF A

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—CERTIFICATE OF DE

10	600	0	1	9
U	6	y	1	0

1. PLACE OF DEATH		2.3	
County annu	arundel	Registration Dist. No	21
Village or City		No. If death occurred in a horpital or institution, give its NAME instead of a s. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Be (a) Residence: No. 902	Trice Tales (Qual place of abode)	Y St., Ward. Baltime	own and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august 5 (Month) (Day)	th, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. 1 HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont 2 8. Trade, profession, or particular kind of work done, as SPINNE	1 day,hrs ormin.	to have occurred on the date stated ebove, atm.	, 19; deeth is said
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked, at this occupation (month and year)		Other Contributory Causes of importance:	Fall of 3
(State or country) 13. NAME 14. BIRTHPLAGE (city or town)	Tal both	Name of operation	Date of
(State of country)	1 musia	What test confirmed diagnosis? Wes	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	n. ca.	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injur Where did injury occur? (Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pt	y and State)
18. BURIAL, CREMATION, OR REMOVAL Place	Pumpate 8-8/,193	Manner of injury	
19. UNDERTAKER & arise (Addiess) Ba	e Easten	24. Was disease or injury In any way related to occupation of dece	
20. FILED 8 - 8 , 1954	Registrar.	(Signed) Asa dec	M.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		THE PROPERTY OF FOR DINDING	
ż	B.—WRITE PLAINLY, WIT	N. B.—WRITE PLAINLY, WITH THADING INK THIS IS A PERMANENT RECORD. Every item of infor-	3CORD. Every item of infor-
(mation should be carefull.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	PHYSICIANS should state
1	CAUSE OF DEATH in pl	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	act statement of OCCUPA-
	TION is very important.	TION is very important. See instructions on back of certificate.	/

1.	S PLACE OF DEA		OF MAR	YLAND-	CERTIFICATE OF DEATH	07914
	County Anne	Arunde	1		Registration Dist. No. 21	
	Village or City				No. 588 West St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in c	ity or town where	death occurred		sds. How long in U.S. if of foreign birth?yrsmo	
2	FULL NAME			N	WITTIN CORPORATE LIMITE OF	
	(a) Residence: No	588 W	(Usual place		St., Ward.	0
-	PERSONAL AN	D STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. S	EX 4. COLO	or or race	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 15 (Month) (Day)	, 193 4 (Yeer)
5a. I	If married, widowed, or diventus BAND of (or) WIFE of	hn A. T	ayman		22. CHEREBY CERTIFY, That I attended to	
6. D	ATE OF BIRTH (month, da	v. and year)	eb. 23.	1874	I lest saw h of elive on aleg 14 193	death is said
7. A		Months	Deys 23	If LESS than I day,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE! 9. Industry or business in work was done, as: SAW MILL, BANK, 10. Date deceased lest wo this occupation (moyear)	n which SILK MILL, etc rked et inth and	11. Totel t	ime (years) nt in this upation	- tosis -	Obsel 6 hear
12.	BIRTHPLACE (city or town) (State or country)		a. Countarvland	у.,	Other Coutributery Causes of Importance:	Auce
ER	13. NAME Robe	rt Plum	mer Phil	bons	The state of the s	7.7.0.2
FATHER	14. BIRTHPLACE (city or to (State or country)	оwп)С	alvert (County,	Neme of operation	
EX.	15. MAIDEN NAME R.	achel E	lizabet	n Stevens		
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) Cal	vert Con	inty.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	(Address) Anns	John A	. Tayman		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE,
18.	BURIAL, CREMATION, OR		L Date AU	17 34	Manner of Injury	
19.	Place Lillards UNDERTAKER John (Address) Ann	. Co., 1	vlor,	, 19	Neture of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20.	FILED 8.17	1934	Musy	kek Kegistrar.	(Signed) (Address) (Addres	M. D.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

-WRITE

RECORD.

PERMANENT

BINDING

RESERVED

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Júly 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND—CERTIFICATE OF DEATH

October 1st 19 24. August 15this 34 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Evample II

Example 1	il.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis"	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4-1-1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Lillian Thomas
Balti a City
Lindist Detober 1st, 192
Died August 15, 1934

1. PLACE OF DEATH	- 93-C
County Q Q	Registration Dist. No.
Village or City ann apples	No. English Ward St., Ward f death occurred in a horostal or institution, give its NatME instead of street and number)
	Tydings
(a) Residence: No. 19 accieles residence (No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1934, to his attended deceased from 1934, to his attended deceased from
6. DATE OF BIRTH (month, day, and year) Och 5- 1865	I last saw here alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 1.0,187, m.
68 9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc.	Brown Pneumoia Poly 15
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, fourth work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and yaar) occupation	Chy myorarditis
12. BIRTHPLACE (city or town). Primar & C on (State or country)	Other Centributery Causes of Importance:
# 13. NAME Edward Griffith	
E / //	Denne
(State of Country) 17 center Não Co Most	Name of oparation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha ward	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Mustbe word	Accidant, suicide, or homicide? Oata of injury, 19
17. INFORMANT Char. Tydrigs (Address) 92 and or welle med	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of injury
Place Wood Sards wills . " Oate leng 7 - 19 Y	- Nature of injury
19. UNOERTAKER B. Z. Hoffing. (Address)	24. Was disaase or injury in any way related to occupation of dacaased?
20. FILED 8 S , 19 4 Registrar.	(Signad) Museus FR (access, Ind.) M. D. (Address)

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal eause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07919
1. PLACE OF DEATH	93-2
County	Registration Dist. No. 21
Village or City Olymapolus (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. Hof foreign birth?yrsmosds.
2. FULL NAME Mary Wyllia	ms Hackmon
(a) Residence: No	St., Ward. Ward. OF If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORÇED (prize tha word)	21. DATE OF DEATH Aug. 27 (Pay) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended daceased from
2 1 10 18 to	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
6/ 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Cente Myocarditis
10. Date decaased last workad at 11. Total tima (yaars)	
this occupation (month and spent in this year) occupation	Cause wirelow
12. BIRTHPLACE (city or town) Oulvert	Other Coutributory Causes of importance:
(Stata or country)	
13. NAME / pomas of offrims	
13. NAME Momas of frims 14. BIRTHPLACE (city or town) Calverty	Name of operation Data of
(Stata of country)	What tast confirmed diagnosis? Was there an autopsy? L
15. MAIDEN NAME Jone School	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jone School 16. BIRTHPLACE (city or town) Culvert	Accidant, suicide, or homicida? Date of injury, 19
Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT James Atorums (Addiess) / 100 Clary St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Brewer Hell Date the 31, 1934	Nature of injury
19. UNDERTAKER 3 3 Johnson (Address)	24. Was disease or injury in any way related to occupation of deceasad?
A SUN DAM. COL	(Signed) Clary Struct M.D.
20. FILED 8 19 2 Kegistrar.	(Addrass) Curapolis 200
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 5 1094			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No. 1

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PUDEAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE-PLAINLY, WITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1/2991
1. PLACE OF DEATH	(82-0)
county Anne assended,	Registration Dist. No. 2314
Village or City Warmans, Md	No
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John Weber	100 mm of 100 mm
(a) Residence: No. Idasmans m	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Aug a us 18 193 4
male white massied	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND ot	22. ! HEREBY CERT! FY, That I attended deceased from
(or) WIFE OF Constance Weber	
6. DATE OF RIRTH (month day and year) June 1, 1870	I last saw h alwe on 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months 2 Deys 7 If LESS than	to have occurred on the date stated above, atm,
lett 1670 De a l'ady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
78/01 June ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date cased last worked at this occupation (month and the compation (month and the compatio	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Course appropleurs
O Date deceased last worked at this occupation (month and year)	
Joseph Market Ma	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	MACHA!
13. NAME Michael Weber	IW I H
I4. BIRTHPLACE (city or town)	Neme of operation Oate of Oate of
(State of Country) XV Yummy	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Frances Weber Zung	23. W feath wes due to externel ceuses (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Date of injury 19
(State or country) Selmany	Where did injury occur?
17. INFORMANT Seo 9 Weber. Dan	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 705 Di ann at Balt and	~
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Naly Roscoy Balte Date	Nature of injury
19. UNDERTAKER IN M. Weller	24. Was disease or injury in any way related to occupation of deceased?
(Address) 401, D. Chester of Balt W.	If so, specify Le
mouse 8/18 134 Amphealta	(Signed Mount, of Octue) 3 M. D.
20. FILED , 190 F. Registrar.	(Address) Granes Ukraf aum 2465
If more blanks are needed, address State Registrar	2411 N Charles Street Relimore Requesting 91 S No. : Cd C. A.

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ADDITIONAL SI	PACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

of OCCUPA.

1. PLACE OF DEATH	2.3
County Anne Houndel	Registration Dist. No. 23
Village or City Harman	No. St., Ward
The state of the s	death occurred in a norphia of institution, give its typicity misead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Ellis Stes	1/5,
(a) Residence: No. DILSUY Red	Ast, Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH & August, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (es) WIFE of of the lover wells	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 27 January 1880	I last saw h alive on Z A
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
54 / PO ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Taylor SAWYER, BOOKKEPER, etc.	Tulmonary macreuly 5
kind of work done, as SPINNÉR, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in the spent in this spent in this spent in this spent in the spe	
SAW MILL, BANK, etc	
this occupation (month and 432 spent in this 23 occupation	
12. BIRTHPLACE (city or town) France Surge's Low	Dther Contributory Canses of importance:
(State or country)	- Vitalian Film
13. NAME Than Fills	
13. NAME 14. BIRTHPLACE (city or town) Ann Arundul Co	Name of operation Date of Date of
(State or country) Moulder	What test confirmed diagnosis? Administrative was there an autopsy?
15. MAIDEN NAME Annie Wells (Same name)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Annul Actuall Co.	Accident, suicide, or homicide?
S (State or country) May grand	Where did injury occur?
17. Working William Ellis Wells (Feef)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL)	Marian distant
Place St. Janks 451 Chate 131 AW, 1974	Nature of injury Nature
19 UNDERTAKER OF CO	24. Was disease or injury in any way related to occupation of deceased?
(Address) · Lame Zan	If so, specify for the specific specifi
20, FILED 29 July 1934 Callard Brooming	(Signed) (Signed) y.D.
Regultar.	(Address) Finthicum Aligh & d. / //

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	- design	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	RE May 1,1923	Other contributory causes of importance:	1 year

	ARGIN	RESERVE	D FOR	ARGIN RESERVED FOR BINDING	
-WRITE PLAINLY, WITH ONFADING INK-THIS IS A PERMANENT RECOI	TH ONFADI	NG INK-TH	IIS IS A	PERMANENT	RECOI
mation should be carefully supplied. AGE should be stated EXACTLY. PH'	y supplied.	AGE should	be state	d EXACTL	Y. PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	ain terms, so	that it may	be prope	erly classified.	Exact
NOTE:	0.00	Transfer of	3:7		

		F DEATH	1			(J57-\$\bar{\pi}\)
	County	Anne A	Arundel			Registration Dist. No. 21
			napoli			
	Length of res	idence in city	or town where d	leath occurred	Vre	No. Emer sency Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
	FULL NA				y13,	WITHIN CORPORATE LIMITS OF
2.				ענטע		OA WA
1	(a) Kesider	nce: No		(Usual pla	ce of abode)	St., Ward. If nonresident give city or town and State
A		NAL AND	STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	male	4. color whi	or race		ARRIED, WIDOWEL CED (write the word Le	21. DATE OF DEATH (Month) (Day) (Year)
5a, I	f marriad, widov HUSBAND of (or) WIFE of	wed, or divorce	ed		arei Cle son	22. A HEREBY CERTIFY That I attended deceased from
6. D	ATE OF BIRTH	(month, day, a	and year) A	15. 29	1934	I last saw h. wf alive on due 19, 193 7
7. AC	GE Yea	ars	Months	Days - Z	If LESS the	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
OCCUPATION	8 Trade profession or particular					Data of once Bend
		ity or town)	Annaj	polis,	pent In this coupation	Other Contributory Causes of importance: But But
œ	13. NAME		E. Wood	Marylar	10.	
7 -	14. BIRTHPLACE) Cha		ville.	Name of operation Date of What test confirmed diagnosis? Churcal Was there an autopsy? My
2	15. MAIDEN NAME Carline White					23. If death was due to external causes (VIQLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State of	E (city or town r country))A1		s,	Accident, suicide, or homicide?
17.		Mr. B.		ood. 1		(Specify city or town, county and State)
18. B	Place Ann		Neck	Date Au	21,,19	Manner of Injury
19. U	(Address)	John l		lor,	A //	24. Was disease or injury In any way related to occupation of deceased?
20. F	ILED 82	جـــــــ, 19ـً	34	MI	Megistra	(Signed) M. (Address) M. (Addre

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE			OF MAR	YLAND-	CERTIFICATE OF DEATH 07934		
County Anne Arundel					Posistration Did at 21		
Village o	r City <u>Cr</u>	ownsvil	le Sta	te Hospi	Registration Dist. No. St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number) S. 25s. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL N		Rober	t Young		ds.		
(a) Resid	dence: No	Balti	more Ci		St., Ward. If nonresident give city or town and State		
PERSO	DNAL AND	STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH		
3. SEX male	pJ	OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WfDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, win HUSBAND o (or) WIFE or	dowed, or divor	ced			22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRT	H (month, day,	and year)	1889		I last saw h. === alive on====================================		
	Years 5	Months Unkno	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _ 2 . 4 Q In a II a The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
9. Industry work SAW 10. Date deci		which LK MILL, ced at th and	spe	ime (years) nt in this	Other Contributory Causes of importance:		
13. NAME		Unknow	n		1 Jongin Cuenas sign		
	ACE (city or tow or country)	n)	Uknown		Name of operation Date of What test confirmed diagnosis?		
15. MAIDEN	NAME	Unkn	own		What test confirmed diagnosis?		
	CE (city or tow or country)		Union	own	Accident, suicide, or homicide? LCC1den bate of injury Aug. 19-1 Where did injury occur? HOSLItal erounds		
17. INFORMANT Hospital Records (Address) Grovnsville, Maryland				land	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Pt. Walking around Hospital grounds		
18. BURIAL, CREM			6 Date 8-3-	3 4 ,19	Manner of injury second degree burns of both		
19. UNDERTAKER (Address)	1000 Bis	ilso	we Bal	Lines Md	24. Was disease or injury in any way related to occupation of deceased? 1988 If so, specify		
20. FILED.	fr. f., 19	3× E-	7 Joyce	Z. Registrar.	(Signed) Lique to don't (M. D.).		
1		If more	blanks are needed, a	ddress State Registrar,	2413 N. Charles Street, Baltimole Requesting 2 Street Porte 2008		

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